

Permit #: 20224

Date Issued: 2-21-96

County: Bates

Date Cancelled: \_\_\_\_\_

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: 2-22-96

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	2-20-96
3i	
4	
4i	
5	
6	
7	4-10-96
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		
Additional Submitted Data:			

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐PLUG BACK ☐for an oil well ☐or gas well ☐Hydrocarbon Test ☒

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 2-20-96  
16205 W. 287 St. Paola Kansas 66071  
 Address City State

## DESCRIPTION OF WELL AND LEASE

Name of lease Kaspar Well number 12 Elevation (ground) 800

WELL LOCATION (give footage from section lines)  
4000 ft. from (N) (S) sec. line 1600 ft. from (E) (W) sec. line

WELL LOCATION Section 32 Township 40N Range 33W County Bates

Nearest distance from proposed location to property or lease line: N/A feet  
 Distance from proposed location to nearest drilling, completed or applied for well on the same lease: N/A feet

Proposed depth: 75 Drilling contractor, name & address Town Oil Co. Rotary or Cable Tools Rotary Approx. date work will start 2-20-96

Number of acres in lease: 120 Number of wells on lease, including this well, completed in or drilling to this reservoir: 0  
 Number of abandoned wells on lease: 0

If lease, purchased with one or more wells drilled, from whom purchased: Name N/A No. of Wells: producing 0  
 Address N/A inactive 0  
 abandoned 0

Status of Bond  
 Single Well ☐ Amt. Blanket Bond ☒ Amt. \$60,000 ☒ ON FILE ☒ ATTACHED

Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.

N/A

Proposed casing program: <u>N/A</u>				Approved casing -- To be filled in by State Geologist <u>N/A</u>			
amt.	size	wt./ft.	com.	amt.	size	wt./ft.	com.

I, the undersigned, state that I am the   of the   (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature Lulu TownPermit Number: 20224Approval Date: 2-21-96Approved By: James Holly Williams☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not required

Note: This Permit not transferable to any other person or to any other location.

Permit two copies to: Missouri Oil and Gas Council  
 P.O. Box 200 Rolle, Mo. 65401

One will be returned for driller's signature

WATER SAMPLES REQUIRED ☐

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
**PLUGGING RECORD**

FORM OGC-7

OWNER <b>Town Oil Co.</b>		ADDRESS <b>16205 W. 287 St. Paola, KS. 66071</b>			
NAME OF LEASE <b>Kaspar</b>		WELL NUMBER <b>12</b>	PERMIT NUMBER (OGC-1 OR OGC-21 NUMBER) <b>20224</b>		
LOCATION OF WELL <b>4000' FSL 1600' FWL</b>		SEC. TWP. RANG OR BLOCK & SURVEY <b>32-40N-33W</b>	COUNTY <b>Bates</b>		
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF <b>Town Oil Co.</b>		HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) <b>N/A</b> GAS (MCF/DAY)	DRY?	
DATE ABANDONED <b>2-22-96</b>	TOTAL DEPTH <b>34</b>	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) GAS (MCF/DAY) <b>N/A</b>		WATER (BBLS/DAY)	
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. <b>N/A</b>		Fluid content of each formation		Depth interval of each formation	Size, kind, & depth of plugs used, giving amount cement.
					<b>1 sack cement</b>
SIZE PIPE <b>N/A</b>	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES
					<b>RECEIVED</b>
					<b>APR 10 1996</b>
					<b>Oil &amp; Gas Council</b>
WAS WELL FILLED WITH MUD-LADEN FLUID?		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER			
<b>NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE</b>					
NAME		ADDRESS		DIRECTION FROM THIS WELL	
<b>N/A</b>					
METHOD OF DISPOSAL OF MUD PIT CONTENTS ▶ <b>N/A</b>					
NOTE	FILE THIS FORM IN DUPLICATE WITH (USE REVERSE SIDE FOR ADDITIONAL DETAIL)				
<b>CERTIFICATE</b> ▶ I, the undersigned, state that I am the <u>Partner</u> of the <u>Town Oil Co.</u> (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.					
SIGNATURE <i>Ruthy Town</i>				DATE <b>4-3-96</b>	

### DETAIL OF FORMATIONS PENETRATED

[illegible]

**NOTE ►**

\* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

**INSTRUCTIONS** ▶ Attach drillers log or other acceptable log of well if available.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.